

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032396

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4495

FILED AUG 28 1963

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		c. CITY OR TOWN <b>Oak Grove</b>	
c. FULL NAME OF (If NOT in hospital, give location) <b>4219 Blue Ridge Blvd.</b>		d. STREET ADDRESS (If outside, give location) <b>Route #1</b>	
3. NAME OF DECEASED (Type or print) <b>HENRY A. PARKER</b>		4. DATE OF DEATH <b>August 10 1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Cauc.</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11-28-1901</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bailer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Guston-Bacon</b>	
11. BIRTHPLACE (City and state or country) <b>Cooper Co., Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Christopher Parker</b>		13b. MOTHER'S MAIDEN NAME <b>Maxcine Gable</b>	
14. NAME OF HUSBAND OR WIFE <b>Rebecca Parker</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. INFORMANT <b>Dr. James E. Williams 4219 Blue Ridge Blvd.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>HEART DISEASE</b> DUE TO (b) <b>ACUTE CORONARY COLLAPSE</b> DUE TO (c) <b>ACUTE CONGESTIVE HEART FAILURE</b>		INTERVAL BETWEEN ONSET AND DEATH <b>15 min</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>ATHEROSCLEROSIS</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT. <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Kansas City Missouri</b>	
21. I attended the deceased from <b>7-15-55</b> to <b>8-10-63</b> and last saw her alive on <b>8-10-63</b> Death occurred at <b>7:55</b> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) <b>James E. Williams D.O.</b>	
22b. ADDRESS <b>4219 Blue Ridge Rd. Mo.</b>		22c. DATE SIGNED <b>8-10-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8-12-1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Washington</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>
24. FUNERAL DIRECTOR <b>Muehlebach</b>		25. DATE RECD. BY LOCAL REG. <b>8-12-63</b>	
26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>			

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF E. Williams MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Williams

4219 Blue Ridge Blvd.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

Robert L. Landes

Licensed Embalmer No.

5103

P. O. Address

K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.